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30593 7590 08/12/2008

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	(Depositor's name)
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APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/802,803	03/18/2004	Lars Jorn Stenberg	45900-000791/US	5102

TITLE OF INVENTION: MINIATURE MICROPHONE WITH BALANCED TERMINATION

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1440 \$1610	\$300	\$0	\$1440 \$1610	11/12/2008

EXAMINER	ART UNIT	CLASS-SUBCLASS	
LE, HUYEN D	2615	381-396000	11/13/2008 SMOHANM1 00000127 10802803

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent frontpage (37 CFR 1.501)	1510.00 OR 300.00 OR
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	(1) the names of up to 3 registered patent attorneys or agents OR, alternatively,	1 Harness, Dickey &
<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.	(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	2 Pierce, P.L.C.
		3 _____

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. If an assignee is identified below, the document has been filed for recordation as set forth in 37 CFR 3.11. Completion of this form is NOT a substitute for filing an assignment.

(A) NAME OF ASSIGNEE

SONION A/S

(B) RESIDENCE: (CITY and STATE OR COUNTRY)

Roskilde, Denmark

Please check the appropriate assignee category or categories (will not be printed on the patent): Individual Corporation or other private group entity Government

4a. The following fee(s) are submitted:

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 Publication Fee (No small entity discount permitted)
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 The Director is hereby authorized to charge ~~the maximum fee~~ any deficiency, or credit any overpayment, to Deposit Account Number 08-0750 (enclose an extra copy of this form).

5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27. b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(g)(2).

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Authorized Signature _____

Date November 12, 2008

Typed or printed name John A. Castellano

Registration No. 35,094

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